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**Late rosters may not be accepted.**

Non-Contact course: ☐\* (marked items not required for non-contact courses)

**Military time (i.e. 1300 = 1:00 P.M.)**

Suite/Room

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Zip Code

**ALL ENTRIES MUST BE TYPED.**

#	Social Security Number	Licensee Name: Last, First M.I.	Individual License #
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Please use backside for additional names.

## Certification

I have reviewed this Provider Roster and the associated Course Attendance Records or examination information and certify to the best of my knowledge that the individuals listed here meet the requirements for credit.

Original signature of Provider Director \_\_\_\_\_ Date \_\_\_\_\_ ( ) Phone \_\_\_\_\_

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Printed Name of Provider Director

PROVIDER ROSTER (continued)

All entries must be typed.

#	Social Security Number	Licensee Name: Last, First M.I.	Individual License #
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